## INTEGRATIVE HEALTH CENTER

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## PYROLURIA QUESTIONNAIRE

Name

Date

Score

Zinc Tal	lly Reaction	
		ARE YOU PYROLURIC
that develo may be slig you are un	pp from losing l htly elevated o der stress. If yo	st that follows will help you identify the physical and neurological symptom arge amounts of B6 and Zinc. The circulating levels of pyrroles in your boder profoundly abnormal, but in all cases, these levels rise even more when but score 15 or more, it will be worth your while to be tested for pyroluria – eded bio-chemical repair.
Yes No		
	_ 1.	Do you have poor dream recall or nightmares?
	2.	Do you have a reduced amount of head hair, eye-brows, or eyelashes, or Do you have prematurely gray hair?
	_ 3.	When you were young, did you sunburn easily? Do you have fair or pale skin?
	4.	Are you becoming more of a loner as you age? Do you avoid outside Stress because it upsets your emotional balance?
	<sub>-</sub> 5.	Have you been anxious, fearful, or felt a lot of inner tension since childhood but mostly hide these inner feelings from others?
	6.	Is it hard to clearly recall past events and people in your life?
	7.	Do you have bouts of depression and/or nervous exhaustion?
	8.	Do you have cluster headaches?
	9.	Are your eyes sensitive to sunlight?
	_ 10.	Do you belong to an all-girl family, or have look-alike sisters?
	_ 11.	Do you get frequent colds or infections, or unexplained chills or fever?
	12.	Do you dislike eating protein? Have you ever been a vegetarian?
	_ 13.	Did you reach puberty later than normal?
	_ 14.	Are there white spots/flecks on your fingernails, or do you have opaquely white or paper thin nails?
	15.	Are you prone to acne, eczema or psoriasis?
	16.	Do you prefer the company of one or two close friends rather than a gathering of friends?

 	17	. Do you have stretch marks on your skin?
 	18	. Have you noticed a sweet smell (fruity odor) to your breath or sweat when ill or stressed?
 	19	. Do you have – or did you have, before braces – crowded upper front teeth?
 	20	Do you prefer not to eat breakfast, or even experience light nausea in the morning?
 	21	Do you tend to become dependent on one person whom you build your life around?
 	22	Do you have poor appetite? Or poor sense of smell or taste?
 	23	Do you have any upper abdominal, splenic pain? As a child, sis you get a "stitch" in your side when you ran?
 	24	Do you tend to focus internally (on yourself) rather than on the external world?
 	25	Do you frequently experience fatigues?
 	26	Do you feel uncomfortable with strangers?
 	27	. Do your knees crack or ache?
 	28	Do you overreact to tranquilizers, barbiturates, alcohol or other drugs – That is, does a little produce a powerful response?
 	29	Does it bother you to be seated in a restaurant in the middle of the room?
 	30	. Are you anemic?
 	31	. Do you have cold hands and/or feet?
 	32	Are you easily upset (internally) by criticism?
 	33	Do you have a tendency towards morning constipation?
 	34	Do you have tingling sensations or muscle spasms in your legs or arms?
 	35	Do changes in your routine (traveling, new situations) provide stress?
 	36	Does your face sometimes look swollen while under a lot of stress?
 	Total	